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PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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		Application Number	09/960,325				
TRANSMITTAL		Filing Date	September 24, 2001				
FORM		First Named Inventor	Mari UENISHI				
(to be used for all correspondence after initial filing)		Art Unit	1754				
		Examiner Name	William G. WRIGHT				
Total Number of Pages in This Subr	mission 4	Attorney Docket Number	KOS0012-US				
ENCLOSURES (check all that apply)							
Fee Transmittal Form		ment Papers Application)	After Allowance Communication to Group				
Fee Attached	☐ Drawin	g(s)	Appeal Communication to Board of Appeals and Interferences				
Amendment / Response	Licensi	ng-related Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)				
After Final	Petition	1	Proprietary Information				
Affidavits/declaration(s)	Affidavits/declaration(s) Petitio Provis		Status Letter				
Extension of Time Request Pow Chai		of Attorney, Revocation e of Correspondence Address	Other Enclosure(s) (please identify below):				
Express Abandonment Reques	st _	al Disclaimer	Request for Withdrawal as Attorney or Agent				
☐ Information Disclosure Stateme		ımber of CD(s)					
Certified Copy of Priority Document(s)	Rema	Remarks					
Response to Missing Parts/ Incomplete Application							
Response to Missing Parts under 37 CFR 1.52 or 1.53							
, ,	SIGNATURE OF	APPLICANT, ATTORNEY, O	R AGENT				
Individual name	Marcou, reg. no. 33,						
Signature							
Date 4/13/04							
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PTO/SB/83 (05-03)

Approved for use through 11/30/2005. OMB 0651-0035

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09/960,325			
Filing Date	September 24, 2001			
First Named Inventor	Mari UENISHI			
Art Unit	1754			
Examiner Name	William G. WRIGHT			
Attorney Docket Number	KOS0012-US			

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450									
I hereby apply to withdraw as attorney or agent for the above identified application.									
The reasons for this reque	est are: express request of client; client has	received	copies of all	correspondenc	es				
	The correspondence address is NOT affected by this withdrawal.								
2. Change the correspondence address and direct all future correspondence to: CORRESPONDENCE ADDRESS									
Customer Number CR	Place Customer Number Bar Code Label here					er			
Firm <i>or</i> Individual Name	DICKINSON WRIGHT PLLC; attn: Jean C. Edwards, Esq.								
Address	1901 L Street, NW								
Address	Suite 800								
City	Washington	State	D.C.		ZIP	20036- 3506			
Country	U.S.A.	· -							
Telephone		Fax							
 ☐ This request is made on behalf of myself and ☐ all the attorneys/agents of record, ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or ☐ the attorneys/agents associated with Customer Number 27510 									
This request is enclosed in triplicate (including any attachments).									
Name John W. Ball Jr., reg. no. 44,433									
Signature Signature									
Date 41304									
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.									

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